APPLICATION FOR CERTIFIED MISSISSIPPI DEATH CERTIFICATE

Mississippi State Department of Health Vital Records

P. O. Box 1700, Jackson, Mississippi 39215-1700

FULL NAME	FIRST			MIDDLE	LAST		
OF DECEASED DATE OF DEATH	MONTH			DAY	YEAR(4 DIG	YEAR(4 DIGITS)	
PLACE OF DEATH		COUNTY		Y OR TOWN	STATE	STATE	
SEX	RACE	SOCIAL SECURITY NUMBER	AGE AT DE	САТН	STATE FILE NUMBE	R	
NAME OF FATHER			NAME OF I	MOTHER			
FUNERAL DIRECTO	TOR NAME			ADDRESS			
		PERSON OR FACILIT	V PEOLIESTING (CODV			
RELATIONSHIP OR I CERTIFICATE	NTEREST O	F PERSON REQUESTING			ED COPY IS TO BE USED		
SIGNATURE OF APP	LICANT				DATE		
A DEATH RECORD SEA	RCH REQUIR	ES ADVANCE PAYMENT OF A <i>NON REFU</i>	NDABLE SEARCH	FEE OF \$15.00 AND V	I VALID PHOTO IDENTIFICAT	TON.	
(November 1, 1912 to statement will be issue	present) or it ed. Surround	nt to one Certified copy of the death reco f the record is not found, a "Not on File" ing counties and five years centered on is not located within county or year spe		\$15.00	X 1 =	\$15.00	
Additional Certified \$5.00 for each additio		same certificate ordered at the same time copy.	e.	\$ 5.00	X =		
and bank branch nat Mississippi Vital Reco	me and addr ords. Mississ	. Check (personalized with name, ad less printed on check) or Money Order ippi law allows an additional Service O NOT SEND CASH)		TOTALS	No. of Copies	Amt. Enclosed	

PHOTO IDENTIFICATION REQUIRED

Failure to provide the proper identification will result in the application being returned to you without processing. Acceptable forms of identification are: Valid Driver's License, State Issued Identification Card, Passport, and/or Military Identification Card, Valid School, College or University Identification. (See back for other acceptable forms.).

APPLICANT NAME/DELIVERY INFORMATION

Pursuant to Section 41-57-2 of the Mississippi Code of 1975, Annotated, and as defined by Mississippi State Board of Health Rules and Regulations, I hereby certify that I have a legitimate and tangible interest in the death record requested. I understand that obtaining a record under false pretenses may subject me to the penalty as described in Section 41-57-27 of the Mississippi Code of 1972, Annotated.

MAILING ADDRESSING REQUIRED REGARDLESS OF DELIVERY METHOD

Applicant Name (Type or Print)			
Delivery Address, including APT number	per if applicable		Home phone number, including area code
City	State	ZIP Code	Work phone number, including area code

DO NOT WRITE IN THE SPACES BELOW - FOR OFFICE USE ONLY

12 – 36	S.C.	SUP.
37 – 66	S.C.	P.
S.C.	C.D.	CWA.

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

Eligibility:

A certified copy of a death certificate can be issued only to a person with legitimate and tangible interest as defined by the Rules Governing the Registration and Certification of Vital Events. Primarily this is:

- 1) Parent(s) listed on the death record.
- 2) Spouse, sibling(s), or grandparent(s)/child(ren) of registrant, proof of relationship required.
- 3) Informant, must be listed on death record.
- 4) Legal Guardian, guardianship papers must be provided.
- 5) Legal representative of one of the above persons, proof of representation must be provided.
- 6) Other person(s) by court order, certified copy of court order must be provided.
- 7) Funeral Home, must be the funeral home on record that took possession of the body.

Death records are available for genealogy purposes for death events occurring over 50 years ago. Genealogy must be provided as purpose for certificate and family relationship to the registrant must be specified. Plain paper copies rather than certified copies are provided for genealogy purposes.

Requirements for Ordering: If applicant is spouse, parent, grandparent, sibling, child, grandchild, or informant, guardian, legal representative, then the applicant must provide a completed application and a copy of a valid photo identification of the applicant. Acceptable forms of identification are the following:

+ Photo Driver's License	+ Photo State Issued ID	+ Employment ID
+ School, College or University ID	+ US Military ID	+ Tribal ID
+ Alien Registration/Permanent Resident Card	+ Temporary Resident Card	+ US Passport

OR two forms of identification from the following list:

+ Social Security Card	+ Utility Bill (showing address)	+ Medicaid Card
+ Snap/EBT card (showing address)	+ Work Identification	+ Veteran Universal Access ID Card

Guardian or legal representative must submit proof of guardianship/legal representation with this application. Legal representatives must provide attorney bar number, name of person represented, and their relationship to the registrant. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. If you do not have one of the above referenced documents, please contact Vital Records at 601-206-8200

<u>Relationship or interest to Applicant:</u> A person ordering a death certificate should enter the relationship or interest in this space.

Others must identify their relationship to the registrant clearly.

Nonrefundable: Vital record fees are nonrefundable, with the exception of fees paid for additional copies when no record is found.

<u>Failure to Receive:</u> Complaints of failure to receive certified records will be honored within 6 months of the original request. If the copy was to be returned to you by U.S. Postal Service, please allow 3 weeks after mailing the request before inquiring. Inquiry about copies ordered with payment for special courier delivery should be made within 7 days of the request. Mail returned because of insufficient address or address changes will be re-mailed if this office is notified of correct address within 6 months of request.

Options for Service: Certified copies of death records may be ordered in person, by mail, or, if paying by credit card, online or by telephone. Processing time is generally 7 - 10 working days after receipt of request. If amendment action is necessary, additional processing time will be required. **Payment of fees is required at the time of ordering.**

- WALK-IN SERVICE is available at 222 Marketridge Dr., Ridgeland, MS between the hours of 8:00 am and 4:30 pm. Death records are not available same day, all records will be mailed 7 10 business days after receipt of request.
- MAIL-IN requests, either on the form provided or as a free form request will be processed in the order received and will be returned by regular U.S. Postal Service, unless accompanied by a prepaid special courier self-addressed envelope.
- PAYMENT BY CREDIT CARD can be done using an online service or by telephone. The private company approved to handle credit card transactions for Mississippi death records can be accessed by calling 1-877-295-4229 or by visiting www.msdh.state.ms.us/phs and clicking on link for online ordering. If you have questions or need additional assistance call 601-206-8200. A recorded message outlining ordering requirements and options can be accessed by dialing 601-206-8200, option 1.

MAIL THIS APPLICATION WITH PAYMENT TO MISSISSIPPI VITAL RECORDS
P.O. BOX 1700
JACKSON, MS 39215-1700